

Attorney's Docket No.: 10274-006002 Client's Ref. No.: D011 CIP2

DECLARATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

joint inventor (if plura sought on the invention	al names are listed below on entitled <u>METHOD OF</u> N CONDITIONS USING	of the subject matter PROPHYLAXIS OR	ne name is listed below) of which is claimed and for TREATMENT OF ANY HE CD2/LFA-3 INTERA	which a pa	tent is
[X] was file	hed hereto. ed on <u>December 5, 2000</u> scribed and claimed in Po		ication No	filed	lon
	e that I have reviewed and as amended by any amen		ents of the above-identification	ed specificat	tion,
	ge the duty to disclose all eral Regulations, §1.56.	information I know to	o be material to patentabi	lity in accor	dance with
listed below and, inso United States applicat acknowledge the duty of Federal Regulation	far as the subject matter of ion in the manner provid to disclose all information	of each of the claims of ed by the first paragra on I know to be materi e available between th	de, §120 of any United Stof this application is not depth of Title 35, United State to patentability as defined from the prior and the prior a	lisclosed in ates Code, §	the prior 112, I 37, Code
U.S. S	erial No.	Filing Date	Sta	atus	
08/466,465	Jur	ie 6, 1995	Issued		
07/862,022	Ap	ril 2, 1992	Issued		
07/770,969		tober 7, 1991	Abandoned		
application(s) for pate country other than the for patent or inventor'	nt or inventor's certificat United States of Americ s certificate or any PCT merica filed by me on th	te or of any PCT internal listed below and have international applications.	ed States Code, §119 of a national application(s) de re also identified below a on(s) designating at least having a filing date before	signating at ny foreign a one country	pplication other than
Country	Application N	Jo.	Filing Date	Priorita	Claimed
WIPO	PCT/US92/08755	October ([] Yes	Claimed [] No
-		00.0001	-,	[] 103	[] 110

Direct all telephone calls to LOUIS MYERS at telephone number (617) 542-5070.

Direct all correspondence to the following:

PTO Customer Number

26161

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge

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Combined Declaration and Power of Attorney

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that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor:	BARBARA P. WALLNER	8		
Inventor's Signature: Residence Address: Citizenship: Post Office Address:	Weston, MA United States of America 64 Arrowhead Rd. Weston, MA 02193		Date:	
Full Name of Inventor: Inventor's Signature:	KEVIN D. COOPER	4	Date: 1/7	/o y
Residence Address: Citizenship: Post Office Address:	Ann Arbor, MI United States of America 3815 Windemere Drive Ann Arbor, MI 48105			•
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Client's Ref. No.: D011 CIP2

DECLARATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD OF PROPHYLAXIS OR TREATMENT OF ANTIGEN PRESENTING CELL DRIVEN SKIN CONDITIONS USING INHIBITORS OF THE CD2/LFA-3 INTERACTION, the specification of which:

is attached hereto. [X] was filed on <u>December 5, 2000</u> as Application Serial No. <u>09/730,465</u> [] was described and claimed in PCT International Application No filed on filed on filed on

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Serial No.	Filing Date	Status
08/466,465	June 6, 1995	Issued
07/862,022	April 2, 1992	Issued
07/770,969	October 7, 1991	Abandoned

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

Country	Application No.	Filing Date	Priority	Claimed
WIPO	PCT/US92/08755	October 6, 1992	[] Yes	[] No

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Combined Declaration and Power of Attorney Page 2 of 2 Pages

that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: Inventor's Signature:	BARBARA P. WALLNER L PWale	_ Date:	1-6-04
Residence Address:	Cohasset, MA	-	
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Full Name of Inventor: Inventor's Signature:	KEVIN D. COOPER	Date:	
Residence Address:	Ann Arbor, MI	_	
Citizenship:	United States of America		
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